

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 81 Office of Registrar of Vital Statistics. Ward 19⁰

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 28 / 87
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Amelia Sophia Achey
Sex, Male or Female, { Cross out the word not required in this line. } Female
Age, 52 Years, 10 Months, 19 Days.

Color, White
Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } Married

Occupation, House wife
Birth Place, { State or country, and how long in the United States, if of foreign birth. } Frederick Md

Duration of Residence in the City of Baltimore, 31 years

Place of Death, { Give Street and Number. } 603 N. Carey St ✓

Cause of Death, { First (Primary), Cancer of Uterus }
{ Second (Immediate), Asthenia }

Duration of Last Sickness, About 3 months (Suffered Nerves for year)

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cem.

Date of Burial, May 31st 1887

{ Undertaker, H. Lewis Schaefer } Dr. E. G. Gibson M. D.

{ Place of Business, 316 N. Fremont Address, 833 Edmondson Ave } Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Cer

Health Department, City of Baltimore.

Permit No. A 82 Office of Registrar of Vital Statistics. Ward 202

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, May 30/87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

May, S. Harris

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age, 5 Years, — Months, — Days.

Color, red

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

St Marys County Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give Street and Number. }

713. Patterson Lane

Cause of Death, { First (Primary), Second (Immediate), }

Consumption of Lungs

Duration of Last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, May 31st 1887

{ Undertaker, H. Lewis Schaefer G. W. Morris M. D. Medical Attendant.

{ Place of Business, 316 N. Foremont Address, 1521. Patterson

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 83

Office of Registrar of Vital Statistics.

Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE GIVEN WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 30th
Full Name of Deceased, Courad Seyboed
Sex, Male or Female, Male
Age, 32 Years, 3 Months, 18 Days.

Color, White

Married, Single, Widowed or Widower, Single

Occupation, Baker

Birth Place, City

Duration of Residence in the City of Baltimore, 18 of Hannover

Place of Death, 18 of Hannover

Cause of Death, Phthisis Pulmonalis

Duration of Last Sickness, 18 Months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 1st 1887

Undertaker, Kailler

Place of Business, Sharp and Broad Address, 511 Hannover

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 84 Office of Registrar of Statistics. Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 29 - 1887.
Full Name of Deceased, P. J. Harnan {Write legibly and spell correctly. If an Infant not named, give names of parents.
Sex, Male or Female, {Cross out the word not required in this line.
Age, 35 Years, _____ Months, _____ Days.
Color, Wht.
Married, Single, Widow or Widower, {Cross out the words not required in this line. Don't know
Occupation, Hotel clerk
Birth Place, {State or country, and how long in the United States, if of foreign birth. Louisiana
Duration of Residence in the City of Baltimore, _____
Place of Death, {Give Street and Number. Union Depot
Cause of Death, {First (Primary), Int. injuries from being accidentally struck by train on Annapolis R.R.
Second (Immediate), Shock
Duration of Last Sickness, 15-20 minutes

All the above information should be furnished by the Physician.

Place of Burial, E. Public Cemetery
Date of Burial, May 31 1887
{ Undertaker, Geo. Reinhardt Alexander Hill, M. D. Medical Attendant.
{ Place of Business, Health Office Address, Coroner.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 85

Office of Registrar of Vital Statistics.

Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, May 30th 1887

Full Name of Deceased, Mary
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, Months, 1 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Unknown - Found on doorsteps of the Asylum

Duration of Residence in the City of Baltimore, 1 day

Place of Death, { Give Street and Number. } St. Vincent's Asylum

Cause of Death, { First (Primary), Second (Immediate), } Premature birth and exposure
Ex

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, New Cath. Cemetery

Date of Burial, May 31, 1887

Undertaker, John Bamore J. J. Flannery M. D.

Place of Business, Dorchester St. Address, 1701 Dr. Hill Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 86 Office of Registrar of Vital Statistics.

Ward 12^e

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, MAY 31 1887 twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 30th 87.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Frau

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 1 Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } St. Vincent's L. Asylum

Cause of Death, { First (Primary), Second (Immediate), } Marasmus
Ex

Duration of Last Sickness, Lifetime

All the above information should be furnished by the Physician.

Place of Burial, New North Church

Date of Burial, May 31. 1887 F. J. Flannery M. D.

{ Undertaker, John B. [unclear] Medical Attendant. }

{ Place of Business, Division 4 Address, 1701 Dr. Fill ave }

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

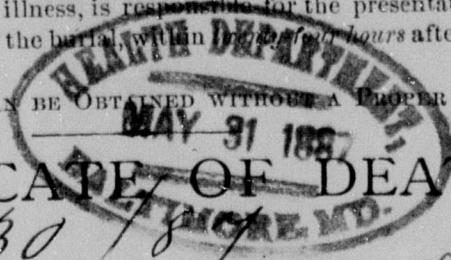
The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

Permit No. A 87 Office of Registrar of Vital Statistics. Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within forty-eight hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, May 30 1887

Full Name of Deceased, Emily Lewis
Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Male or Female, Cross out the word not required in this line.

Age, 69 Years, _____ Months, _____ Days,

Color, White

Married, Single, Widow or Widower, Cross out the word not required in this line.

Occupation, _____

Birthplace, Dorchester Co. Md.
State or country, and now long in the United States, if of foreign birth.

Duration of Residence in the City of Baltimore, 50 yrs.

Place of Death, 112 Warren av.
Give street and Number.

Cause of Death, Bright's Disease
Asthemia
one year
First, (Primary), Second, (Immediate),

Duration of Last Sickness, _____

At the above information should be furnished by the Physician.

Place of Burial Baltimore

Date of Burial, June 1/887

Undertaker, Christie Jones Address, 617 Sharp St.
Place of Business, 715 Light

C. S. Booz M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of the

Board of Health, City of Baltimore,

Permit No. A. 88 Office of Registrar of Vital Statistics. Ward 12²/₉

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, May 29

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Louisa Wallace

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 7 Years 7 Months ✓ Days,

Color, Amato

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, _____

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 27 Nassau Alley

Cause of Death, { First (Primary), Second (Immediate). } Convulsions

Duration of Last Sickness, _____

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, May 31st 1887 Marvin Dodson M. D.

{ Undertaker Alex Hemmley Medical Attendant.

{ Place of Business, 661 Arch Street, Address, 1100 Linden Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

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[over]

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Health Department, City of Baltimore.

Permit No. 89

Office of Registrar & Statistics.

Ward 11

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 29 - 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Thos. Henry Staunton

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 58 Years, _____ Months, _____ Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Waiter

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. }

No. 26 Orchard St.

Cause of Death, { First (Primary), Second (Immediate), }

Fatty degeneration of heart

Duration of Last Sickness, Instant death

All the above information should be furnished by the Physician.

Place of Burial, Shempp Cemetery

Date of Burial, May 31 1887

{ Undertaker, Alex. Henry }

Alexander Hill M. D.

Medical Attendant.

{ Place of Business, 561 Orchard St. Address, Coroner. }

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this

Health Department, City of Baltimore.

Permit No. *A. 90*

Office of Registrar of Vital Statistics.

Ward *2nd*

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CERTIFICATE OF DEATH.

Date of Death, *May 30th 1887*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Herespade Urban*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *50* Years, _____ Months, _____ Days.

Color, *White*

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } *Germany*

Duration of Residence in the City of Baltimore, *5 yrs*

Place of Death, { Give Street and Number. } *# 825 S. Dallas St*

Cause of Death, { First (Primary), Second (Immediate), } *Tuber culosis*

Duration of Last Sickness, *7 mos.*

All the above information should be furnished by the Physician.

Place of Burial, *St. Alphonsus Cemetery*

Date of Burial, *June 1st 87*

{ Undertaker, *Pelix Bros & Co* } *John H. Rehberger* M. D. Medical Attendant.

{ Place of Business, *1732 Allison St* } Address, *1709 Alice Anna St*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]